Virginia Office of Emergency Medical Services Consolidated Grant Program Information and Online Application Instructions

Revision – August 2007

Rescue Squad Assistance Fund
General Fund

Priorities for Funding
Emergency Medical Dispatch
Emergency Operations
Innovative (Special) Projects
Multi-Jurisdictional or Agency Projects
Recruitment and Retention
Training

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Virginia Office of EMS Grant Programs
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Virginia Office of EMS Grant Programs

RESCUE SQUAD ASSISTANCE FUND

The Rescue Squad Assistance Fund (RSAF) is a multi-million dollar matching grant program for Virginia non-profit EMS agencies and organizations to provide financial assistance based on demonstrated financial need. Funding is also recommended on the documented need of the specific item being requested. The primary goal of this program is to financially assist non-profit EMS agencies and organizations to purchase EMS equipment and vehicles. RSAF is primarily a reimbursement grant that requires the grantee to make the purchase for the awarded item(s) and then submit an **invoice** for reimbursement.

NOTE: The **Special Priorities Questionnaire** must be accompanied by the grant application for funding priority. The following are a list of priorities, in no particular order, for funding precedence:

- **Emergency Medical Dispatch (EMD)**

The primary goal of funding EMD is to provide a systematic way to handle calls for medical assistance and provide life-saving pre-arrival medical instructions for the patient while responders are enroute. EMD funding can include communication equipment, software and equipment necessary to install communications.

- **Emergency Operations**

The primary goal of funding the Emergency Ops priority is to provide assistance to **recognized** deployment teams of Virginia's Emergency Operations Response system. This equipment will assist the teams in deploying in a more efficient manner and better serve the communities to which they are deployed. Priority consideration will be given to teams already **recognized** by the Office of EMS.

- **Innovative (Special) Projects**

The Virginia Office of EMS encourages new and innovative Special Projects that will benefit our EMS system. Such Special Projects must be planned and developed to meet outlined objectives that will enhance EMS service and provide specific benefits to the system and users.

- **Multi-Jurisdictional/Agency Projects (MJAP)**

Requests for the MJAP priority are the grouping of jurisdictions or agencies that are applying for the same type of items/equipment/programs/projects. Grants that are submitted by multi-agencies shows planning and forethought and will be look upon favorably.

- **Recruitment and Retention**

Preference for the Recruitment and Retention priority will be on new and innovative programs/campaigns focusing on the importance of management and leadership. Media campaigns, recruitment and retention booths/displays, training and incentive programs are some examples under this priority.

- **Training**

The primary goal of funding this priority is to provide Emergency Medical Technician (EMT) training to volunteer and career staff. Other training examples may include: management and leadership training, OMD training and training topics such as Spanish for EMS.

Important Reminders

- ✓ Items funded by the Rescue Squad Assistance Fund cannot be used as collateral to secure a loan.
- ✓ Any vehicle funded by the Rescue Squad Assistance Fund must be available for service 24/7.
- ✓ Computer awards require that grant applications and PPCR data be submitted electronically. Agency must supply OEMS with a valid and current e-mail address.
- ✓ Vehicle Page – Complete if required.
- ✓ Extrication Equipment or Crash/Rescue Trucks Requests – Complete if required and include **Extrication Equipment or Crash/Rescue Truck Questionnaire Form**
- ✓ Special Priorities Questionnaire – **Special Priorities Questionnaire** is required when seeking one of the listed funding priorities. Grant applications submitted with the Special Priorities Questionnaire will be reviewed and sorted accordingly by the OEMS Grants Unit. If a grant application has been identified with a funding priority by the OEMS Grants Unit the application will be submitted to the grant reviewers as preferential.

Items Not Eligible for Funding

Items not eligible for RSAF funding includes construction costs; daily operational costs such as charges for warranties, electricity, gasoline, or tires. Leased equipment or vehicles, equipment or vehicles secured by a lien, fire apparatus or law-enforcement equipment. Used equipment or vehicles will not be eligible for funding without prior approval from the OEMS.

GRANT PROGRAM OVERVIEW

Definitions

ALS	Advanced Life Support
EMS	Emergency Medical Services
OEMS	Office of Emergency Medical Services
OMD	Operational Medical Director
RSAF	Rescue Squad Assistance Fund
EMD	Emergency Medical Dispatch

Eligibility

1. Applicant **must** be a Virginia non-profit agency/organization involved in emergency medical service (EMS).
2. Applicant **must** submit verification of its **Federal Identification Number (FIN)**. Verification can be provided in the following formats:
   - ✓ original letter from IRS issuing FIN;
   - ✓ copy of the latest tax returns
   - ✓ statement from the County Administrator or City Manager of the municipality stating that the applicant is non-profit or a government agency and verifies their FIN. (The number on this form or statement must agree with the FIN being used on the grant application.)
3. Applicant **must** submit a copy of the most recent *Federal Tax Return* from the IRS (Form 990). If your tax return is not received before the end of the grant cycle and no extension has been granted, your grant will be considered expired and you will not receive your reimbursement.
4. Applicant **must** submit the Virginia Office of EMS **Affirmation Page** in its entirety including the original signature of the Authorized Agent, the Fiscal Officer and the Operational Medical Director (OMD). The authorized agent will be responsible for getting the approval and support of the volunteer agency on whose behalf the grant funds have been requested.
5. Applications submitted with line items less than $500.00 will be disqualified.
6. All requests shall comply with applicable plans, policies, procedures and guidelines adopted by the State EMS Advisory Board.
7. Separate and specific eligibility requirements for specific programs are covered in their respective sections.

Submission Instructions

1. **Online Submission**: In order for your application to be reviewed for possible funding consideration, an **online** OEMS application must be submitted prior to the deadline and contain all information requested. Failure to submit the grant application online will result in your application not being accepted for funding consideration. **You must upload the application file online at the OEMS website** (http://www.vdh.virginia.gov/OEMS/Grants/index.htm) **. You must mail the original signed Affirmation Page**, this must be completed and returned by close of business on the stipulated deadline.
3. **Deadlines for submission of applications are March 15 and September 15 at 5:00 pm** (If the deadline falls on a weekend, state or federal holiday, the application must be received by 5:00pm in the Office of EMS the next business day).
4. Submission of applications must be made using the current version of the CGAP software which is currently the 2.3 version.
6. Neither purchases nor verbal or written contract obligations can be made prior to the date of grant award.
7. The applicant shall not discriminate in the provision of its services or in the conduct of its business or affairs on the basis of race, creed, color, religion, sex, disability or national origin.
8. The applicant is encouraged to contact OEMS, their local EMS council, or OEMS Program Representative (area coordinator for field operations) to obtain application assistance.
9. Notification to awardees will be distributed on July 1 and January 1. Grant awards are for a 12 month period beginning July 1 through June 30, and January 1 through December 31, respectively.
10: **Each applicant can submit a maximum of one application,** but may request funding for multiple items and/or projects.

Review Process

1. Only applications that have met the above guidelines will be accepted for review. Those accepted will be forwarded to the following within 10 business days of the application acceptance (deadline):

    - Local Regional EMS Council
    - Regional OEMS Program Representative - Area coordinator for field operations.
    - OEMS Technical Staff, if request(s) is for communications equipment, computer items or items requiring technical review as deemed appropriate by OEMS.
    - Other parties as deemed appropriate by OEMS

2. These individuals will review each application based on the grading scale provided for each program. The recommendations and comments will be submitted to OEMS within 30 days.
3. Once the parties mentioned above return their comments and recommendations, OEMS will provide all documentation to FARC within 10 business days for their review.
4. Within 30 days the committee provides comments and grades for each requested item and returns documentation to OEMS to be entered into the office database for tabulation. The FARC will conduct a meeting (usually the first week of June and December, respectively) for announcing the requests that received a viable funding grade.
5. The FARC reserves the right to recommend a request be partially funded or to place a condition of funding on any award.
6. Within 7 days of the award meeting, a report of the requests that are"Recommended for Funding" will be submitted to the Commissioner of Health for final approval.
7. OEMS will mail written notification to agencies that received funding and those that were denied on correspondence dated July 1 and January 1, respectively. The awarded agencies will be placed on the OEMS Grants Page website on July 1 and January 1, respectively.

EVALUATION CRITERIA

Evaluation Criteria
1. Requested item/project is required for licensure and/or certification by the Rules and Regulations Governing Emergency Medical Services.
2. Equipment requested is required for upgrade from BLS to ALS. OMD identified, class availability, statement of endorsement from local governing body supporting upgrade.
3. Current personnel trained to operate requested items. Equipment matches level of care.
4. Vehicle requests will be evaluated based on current vehicle inventory, call volume/vehicle/year and current number of EMS certified personnel. (Guideline/Rule of Thumb: 300 calls/vehicle/year as a minimum.)
5. Requesting agency serving more than its own service area, an increasing percent of calls are out of its district.
6. Equipment requested to be shared with other EMS agencies.
7. Program request identified in local, regional and/or state EMS Plan(s) as priority, impact to citizens served. The program/equipment request is compatible with goals and objectives of the Agency, EMS Region and the Commonwealth.
8. *NEW.* The Special Project Questionnaire must accompany all applications that are seeking priority funding.

Grading Scale

Grade 1 -   Immediate Funding Need
> Alternative funding sources exhausted or unavailable. System will suffer if program postponed. Program request is of greatest impact to citizens served.

Grade 2 -   Definite Funding Need
> Alternative funding limited or delayed availability. Program of high priority. Need is present. Program of high impact to citizens served.

Grade 3 -   Project Needed Eventually
> Local funding available in future. System will benefit from improved time table. Limited available funding.

Grade 4 - **Project Can Be Delayed**
> Local funds available. Program of low impact to citizens served. Consideration will be given as need increases.

Grade 5 -   Project Not Needed
> Local funds available. Limited or no impact to service area. Duplication of resources. Consideration will be given as need is evident. Failure to submit a complete application.

ONLINE SUBMISSION INFORMATION – STEP-BY-STEP INSTRUCTIONS

The following are line-by-line instructions for the completion of the Virginia Office of Emergency Medical Services (OEMS) Consolidated Grant Application Program (CGAP) Online Application.

Installation Instructions
This is the ninth release of the CGAP program (Version 2.3). This program is for use on **Windows 2000 and XP Systems.** You can download the full version of the CGAP 2.3 software or update your existing software by accessing the OEMS Grants Page website at http://www.vdh.virginia.gov/OEMS/Grants/index.htm . You may also request a CD for full installation or an update of your existing software on the website. If you have purchased a new computer after January 30, 2007 please review the possible issues concerning downloading the CGAP software regarding Vista.   For more information regarding Vista visit http://www.vdh.virginia.gov/oems/news_page/VistaAlert.pdf .

To download the software from the OEMS Grants Page website, click on "Download the CGAP 2.3 Version Software" determine if you need the full installation or just the update. Follow the prompts to direct you to download the software straight on to your computer.

To install the CGAP software CD, complete the following steps:

1. It is recommended that you back up your PC before installing new software.
2. Insert the CGAP CD into your CD ROM drive.
3. Click on the "Start Menu" and then on "Run".
4. Type "D:\setup.exe" at the prompt. Note: "D" in this case is the letter of the CD ROM drive.
5. The installation will then begin. It is recommended that you accept the default settings.
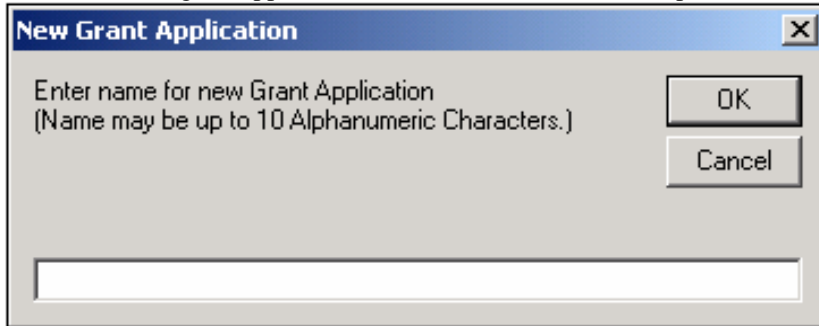
Using the CGAP Program
Application Listing
After starting the program, the following screen will appear.
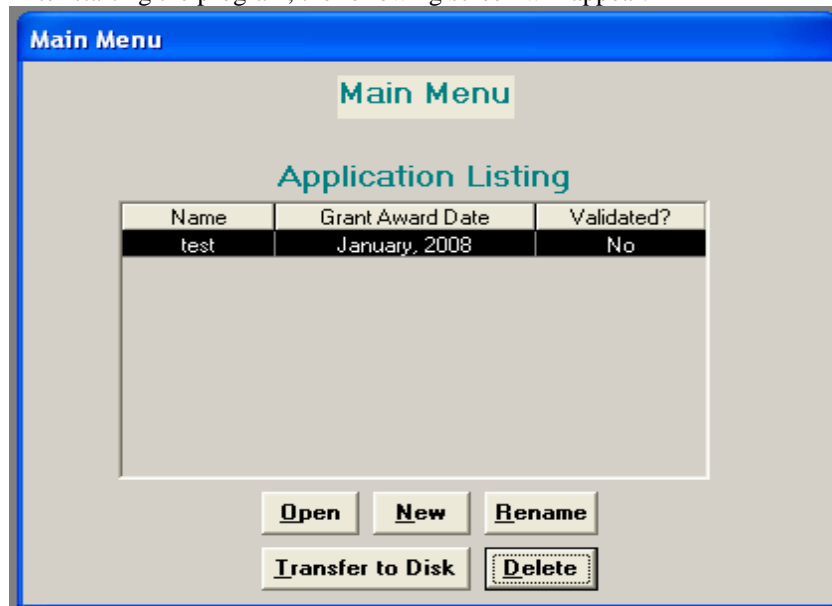
Each application you have entered will display on this screen. To open an existing application, simply click on the desired application name and then click the **Open Button**, or press ALT + O. You can also double-click on the desired application name to open.
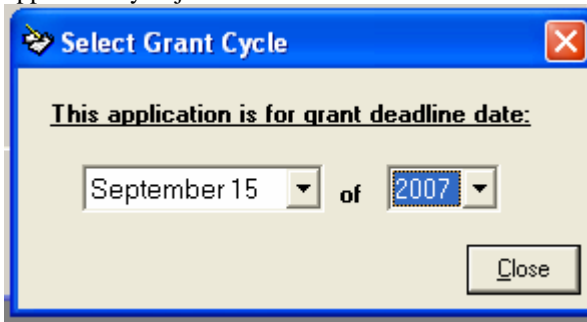
New Grant Application

To create a new grant application click on the **New Button**, or press ALT + N. The following screen will display.

Enter a name for the grant application.   You can choose any name as long as it is less than ten characters. The grant application name is for your retrieval purposes only; the Office of EMS does not use this information. Click on the **OK Button** to continue.

Select Grant Cycle

The month and day for the current cycle deadline will automatically display. You will need to select the appropriate year. For example if it is August and you are completing a grant   it would be for the September deadline. When you have entered the appropriate date, click on the **Close Button**, or press   ALT + C. You will return to the Application Listing screen and the application you just created will be listed.

Grant Type

 The Rescue Squad Assistance Fund is the current grant program (**must be checked**) if you are submitting a Multi-Agency Grant (check RSAF and Multi-Agency Grant) you must submit Organizational and Personnel information, Organizational Activity, Agency Vehicle Information and Financial Information for each agency submitted under this grant type. Another option is to submit for a Multi-Jurisdictional/Agency Projects (MJAP) priority and submit a grant application under one agency on behalf of all agencies involved.

Once you have opened an application the following screen displays. The RSAF box will be automatically checked, this box must be checked in order for you to submit your grant application. Check whether your agency is a governmental or non-governmental agency. If you are submitting a Multiple Agency Request make sure the RSAF and the Multi Agency Request boxes are checked.

If you are requesting funding for a Multi-Agency Grant, a series of screens will display prompting for the following information: Organization Information, Personnel Information, Operational Activity, Agency Vehicle Information, Financial Information, and Requested Items. These screens require information that is explained in detail below. Once you have entered all the information on the Requested Items screen, click on the **Save Button**, or press ALT + S. You will return to the Application Listing screen. **Note:** You can return to the Application Listing screen at any time by clicking on the File menu and then selecting "Save (Return to Main Menu)".

Organization Information

- **Organization Number** – If your agency is licensed by OEMS you have been issued an EMS agency number. Select your agency from the drop-down list. NOTE: An agency does not have to be licensed by OEMS to be eligible for a grant. However, agency licensure may be a condition of a grant award.
- **EMS Agency** – Select yes or no.
- **Certification** – Select ALS, BLS or Not Applicable. Currently licensed EMS agencies hold a certification at either the BLS or ALS level of care.
- **Organization Name –** Enter the name of the applying agency/organization.
- **Address, City, County, State, Zip** - Address at which the agency receives its mail. This address cannot be an individual member's home address.
- **Regional Council** - All areas of the state are serviced by a regional EMS council office. Select your agency from the drop-down list, for more information on regional councils contact http://vaems.org/ .
- **Federal ID Number (FIN)** - Each agency must have an **individual** Federal Identification Number. . **NOTE:** Auditing requirements will not allow payments to be made to any organization that does not have a FIN. **NOTE:** The use of your county's or another organization's FIN is **not** acceptable.
- **Organization Structure:** Indicate which best describes your agency structure from the provided drop-down list.
- **Authorized Agent Name:** Person submitting the grant on behalf of the agency.
- **Authorized Agent Title:** Title or position of Authorized Agent.
- **OMD Name:** Name of the Operational Medical Director for the applicants' region.
- **Date Completed:** This date will be automatically filled in by the software program.

Personnel Data

- **First Responder -** Those providers holding the certification of first responder or EMT.
- **EMT -** Those providers holding the certification of EMT.
- **ST/EMT Enhanced –** Those providers holding the certification of EMT-Enhanced or the certification of Shock Trauma Technician.
- **CT/Intermediate –** Those providers holding the certification of Intermediate or the certification of Cardiac Technician.
- **Paramedic** - Those providers holding the certification of Paramedic.
- **Driver Only** - Those members that function in a driver only capacity.
- **Other (support staff, junior member, etc.)** - Those members that provide a service to the organization in the capacity of Junior Member, staff support, etc.
- **Total Number of Personnel** – This amount will be automatically calculated by the software.
- **Career** - The number of personnel that are considered career (paid personnel).
- **Volunteer** - The number of personnel that are volunteers. (Receive no compensation for service.)
- **Total members** – This amount will be automatically calculated by the software.
  *Regional council requests do not require the completion of this portion.

Operational Activity

- **BLS Calls (including stand-bys)** - Total number of calls recorded as Basic Life Support call.
- **ALS Calls** - Total number of calls recorded as Advanced Life Support call.
- **Number of calls your agency was UNABLE to respond to, for any reason** - This total should include those related to mechanical failure, lack of equipment, lack of qualified members, etc.
- **Number of calls your agency responded to outside your first due area** – This total should include calls for mutual aid, etc.
- **Average Call Time** - Calculate average call time for calls in number of minutes.
- **Average Round Trip Mileage per Call** - Calculate average round trip mileage per call for calls run over a period of time.
- **Average mileage to nearest hospital** - Mileage to the nearest hospital.
- **Square Miles of Service Area** - Total square miles of service area covered by your agency.
- **Population of Service Area** - Total population of service area covered by your agency.
- **Total Number of Stations** - Total number of stations operated by your agency including sub-stations.
- **Comments** - Use this section to briefly describe any information that was requested above.

Agency Vehicle Data **– hit ADD ITEM for each vehicle you list.**

- **Only list EMS permitted vehicles and/or vehicles being replaced.**
- **Chassis/Box Yr –** Indicate the year for the make of the chassis and the box.
- **Mileage** – Enter the current mileage for each and every vehicle listed.
- **Make/Model** – Enter the vehicle make and model. Example: Ford/E-350.
- **Type Code** – Enter the type code for each and every vehicle from the drop down list.
- **Class Permit** – Enter the class permit designation for each and every vehicle from the drop down list.
- **4-Wheel Drive –** Check box if vehicle had 4-Wheel Drive
- **Unit #** - Enter the Unit # for each and every vehicle.
    NOTE: Check boxes located at bottom of screen if applicable.

Financial Information for Non-Governmental (Round to the nearest dollar)

Assets
- **Cash Balance** - Amount of cash on hand or in checking accounts as of the beginning date of the financial period.
- **Real Estate** - Total value of the real estate owned by the agency to include land and buildings. Properties owned by an agency but not utilized for the operations of the agency should also be included in this figure.
- **Investments (unrestricted)** - Savings accounts, certificates of deposit, stocks, bonds, etc. which are not designated for specific purposes.
- **Equipment, Vehicles, etc.** - Equipment, vehicles, furnishings, etc.
- **Restricted Funds** - Funds that are designated for a specific purpose such as a building fund.
- **Total Assets** – All assets will be automatically totaled by the software.

Liabilities
- **Balance on Open Accounts** – Total amount owed on equipment, vehicles, furnishings, etc.
- **Notes or Mortgages Owed** - All outstanding notes or mortgages.
- **Other Indebtedness/Obligations -** All debts not indicated above.
- **Total Liabilities** – All liabilities will be automatically totaled by the software.

NOTE: Describe restricted funds and indebtedness/obligations if applicable.
- **Net Worth** – This will automatically be calculated by the software.
- **Service Fee Charged:** Check box if yes.
- **Service Fee per Call:** - Indicate the amount charged per call, if a fee is charged.
- **Cost Recovery (rate of return)** - What is the cost recovery or rate of return?

Receipts/Revenue

- **Local Government** - Amount received from local government (county, city, town, etc.) **not** including the 25% Return to Locality: Two-for-Life monies.
- **25% Return to Locality (Two for Life Funds)** - Amount of funds received by the agency from OEMS.
- **Donations, Contributions, Bequests, Memorials, etc.** - Amount received by way of contributions and donations made by individuals or organizations other than governmental.
- **EMS Fee for Service** - Amount received through billing for service.
- **Fund Raising** - Amount of funds obtained from fund-raising ventures. This figure can either be a net or gross. If listed as a gross amount make sure to indicate costs incurred for a fund raising event under "Non-Operational Expenditures" in the Expenditures section.
- **Interest and Dividends** - Amount of funds received through investments and/or the proceeds from the sale of securities.
- **Grants** - Amount of funds received from state agencies (OEMS RSAF, etc.), philanthropic endowments or foundations.
- **Other Income/Revenue** - Amount of funds received through other sources not listed above.
- **Total Receipts/Revenue** – This amount will be automatically calculated by the software.

Expenditures

- **Operational Expenses** - Amount of funds spent on operations, which include vehicle maintenance and operating costs (fuel oil, etc.), equipment, training, insurance, uniforms, supplies, utilities, etc.
- **Personnel Costs** - Amount of funds expended to pay salaries and benefits, if applicable.
- **Capital Expenditures** - Amount of funds expended to purchase vehicles, equipment, buildings, etc.
- **Other** - Amount of funds expended by the agency including funds transferred to investments and depreciation.
- **Non-operational Expenditures** - Amount of funds expended for accounting services, auditing fees, fund-raising costs, if gross receipts are listed under "Fund Raising" in the Receipts/Revenue section.
- **Total Expenditures** – This amount will automatically be calculated by the software.
- **Beginning Cash Balance** – This amount will automatically be calculated by the software.
- **Cash Increase (Decrease)** - This amount will automatically be calculated by the software.
- **Ending Cash Balance** - This amount will automatically be calculated by the software.

NOTE: Describe your agency's definition of capital expenditures - In the space provided indicate what your agency considers to be a capital expenditure (example: vehicle, defibrillator, training equipment, etc.)

Financial Information for Governmental Agencies (Round to the nearest dollar)

NOTE: Enter all information for previous and current fiscal year.
- **Personnel Costs (Salary & Benefits)** - Funds budgeted for salary and benefits for personnel.
- **Operating Costs** - Funds budgeted for agency's operational expenses such as utilities, supplies, contractual expenses, leases, rentals, etc.
- **Capital Expenses** - Funds budgeted for capital expenditures such as vehicles, defibrillator, etc.
- **Total EMS Budget** – This amount will automatically be calculated by the software.
- **Donations, Contributions, Bequests, Memorials, Etc.** - Funds anticipated to be collected in each budget year.
- **25% Return to Locality (Two-for-Life Funds)** - Funds the agency anticipates receiving from OEMS as part of the 25% Return to Localities.
- **Grants (from any source)** - Funds the agency has budgeted to receive from state agencies (OEMS RSAF, etc.), philanthropic endowments or foundations.
- **Amount received from EMS Fee for Service for last Fiscal Year** - Funds the agency received in fee for service in last fiscal year.
- **Describe your department's definition of capital expenditures** - Indicate what your agency considers to be a capital expenditure (example: vehicle, defibrillator, training equipment, computer, etc.)
- **Comments** – Make any comments on the information provided in the "Financial Information for Governmental Agencies" section.

IMPORTANT: If grant request is funded, the financial information submitted is subject to audit and funds may be revoked if financial information is determined to be incorrect or misleading.

Requested Items

NOTE: Select ADD ITEM for each item you will be requesting under the RSAF grant application.

- **Item Type:** Select your item type from drop down list.
- **Item Requested** - Provide a *brief* description of the item being requested.
- **Funding Level** - Indicate at what level your agency is seeking funding from the state from the drop down list. Typical request is for 50/50.
  - **80% Funding Requests** – 80% funding is considered to be hardship and justification must be included in the narrative portion.
  - **100% Funding Requests** – 100% funding is considered to be an extreme hardship and must be adequately justified in the narrative portion. This is only considered in exceptional circumstances.
- **Current Quantity** - Indicate quantity being requested. Only one vehicle can be requested item section.
- **Add/Replace** - Indicate if the item that is being requested is a replacement, or additional equipment from the drop down list.
- **Unit Number:** This number will be automatically populated by the software from the prior screen.
- **Total Purchase Amount -** Indicate the total amount of the item being requested.
- **Narrative** - The narrative section provides the agency with the opportunity to explain their agency's need for the item(s) requested if greater than 50% and the impact it will have on their agency and/or service area. Do not forget to include the need for hardship funding, if so requested.

Technical Information for the Purchase of an Emergency Response Vehicle

NOTE: This page must be completed for each and every vehicle being requested.

- **ITEM:** Indicate type of vehicle being requested.
- **Request Type:** - Indicate from the following three what type of vehicle you are requesting:
  - **Permanent Replacement**
  - **Rechassis/Refurbish**
  - **Additional Vehicle**

  NOTE: Six questions are present on the Technical Information Page. The applicant only has to answer the question highlighted depending on the type of vehicle being requested.

- **Vehicle Location** - Provide the physical location that the vehicle will be housed.
- **Vehicle Maintenance -** Describe the maintenance program used on vehicle(s) and the system for recording maintenance activity. Provide the average length in years and mileage that vehicle(s) are maintained by the agency.

Technical Information for the Purchase of Communication Equipment

Applicants are reminded that funding may be based on the cost of equipment capable of providing the intended functions rather that specific brand name items and models. While grantees may be permitted to purchase specific models or equipment with added features, the costs of optional items and accessories must often be paid by the grantee. Competitive procurement procedures may be required.

Technical Information for Radio Communications Equipment

Agency Frequency Plan (Required for All Radio Requests): List the frequencies, CTCSS (PL) or DPL tones, FCC call sign, channel name, and purpose of the channel for all channels, which will be assigned in your base, mobile, and/or portable radios. If requesting multiple types of equipment with different numbers of assigned channels, reference channel numbers in the Grant Narrative to further define intended uses. Your communications officer or radio vendor may be able to assist in providing this data. For all transmit channels, the applicant is reminded that they must hold a valid license from the FCC or a letter of authorization from a licensed user in order to transmit and use that frequency. In accordance with the State EMS Communications Plan dated August 1996, VHF radios should be equipped with 155.205, 155.340, 155.400, and 155.280 MHZ for statewide mutual aid and hospital communications where channel capacity permits. UHF MED frequencies may be listed by their channel name (i.e., MED 1, MED2, etc.). Provide an attachment for any channel plan exceeding 16 channels. A second form or attachment is necessary for defining requests in multiple frequency bands.

Pager and Alerting Information (Required for All Requests for Pagers, Paging Portables, and Alert Monitors): Provide the name of the alerting communications center and paging/monitoring frequencies. Indicate whether members will be paged as a group, by duty squads, and/or individually. Explain any requirements for paging/alerting by multiple dispatch centers or on multiple frequencies in the Grant Narrative.

Current Inventory of Requested Communications Equipment (Required for All Radio Requests): List the specific communications equipment requested in the grant application by broad category, i.e., "Mobile Radios" or "Portable Radios" or "Pagers".   List separately for each frequency band, and indicate the band (Low Band, VHF High Band, UHF, 800 MHZ, Cellular, PCS, etc.).   Indicate the existing inventory, the number of items requested in the application, and the number of items, which will be reassigned or disposed. Calculate the proposed total inventory. Explain additional and/or replacement needs as well as any plan for reassigning or disposing of old equipment in the Description of Project (grant narrative).   Only types of equipment requested in the grant application are required to be listed in this section.

Base Stations/Fixed Radio Equipment: Requests for **base stations, consoles, or other specialized and unique equipment** must be accompanied by a full description, explanation, and proposal(s) including an itemized equipment listing and cost breakdown. Sketches, diagrams, and/or other technical and functional specifications should be furnished where necessary to define the scope of the project or in the event proposals are not available. The locations of all base stations, consoles, or other specialized and unique equipment should be listed in the Description of Project (grant narrative). Be sure to explain the purpose and functional use of all equipment, and how it will impact the delivery of EMS.
Remember to include a full description of requested equipment in the narrative or on attached quotations/technical specifications.

Affirmation

The affirmation is a statement that indicates that the Authorized Agent, Financial Officer and OMD have truthfully, and to the best of his/her knowledge completed this application accurately. This page must be an original with original signatures from all parties indicated.

- **Business Name:** This is the legal name of your agency as shown on your income tax return.
- **DBA:** This is the name that your agency is doing business under, this could be the same as your legal business name or may be different such as a nickname or acronym.
- **FIN:** List your Federal Identification Number that is shown on your income tax return, your IRS form 990 or the FIN for your government agency. This number will be used to identify your agency for reimbursement and the address where your funding will be disbursed. If this number is incorrect your reimbursement may be sent to the wrong agency or address.
- **Printed name of the Authorized Agent, Financial Officer, and OMD** - Print the name of the authorized agent, financial officer and OMD.
- **Agency/Organization Authorized Agent** - The authorized agent is the person responsible for the completion of the grant application on the agency's behalf.
- **Financial Officer** – The financial officer is the person responsible for the completion of the financial information on the agency's behalf.
- **OMD Signature** - The OMD is the Operational Medical Director for the applicants region. The OMD signature is required, however in the absence of the OMD signature the Regional OMD signature will be accepted.
- **Signature of the Authorized Agent, Financial Officer and OMD** - An original signature must be provided by the authorized agent, financial officer and OMD.
- **Point of Contract for Grant Management:** Please indicate the name of the person that will be managing the awarded grant along with other requested information. The grant manager may different from the authorized agent and if clarification or questions arise, the OEMS may need to contact the most informed person regarding the grant.

OPTIONAL
City/County Representative Notification
- **City/County Representative -** You are encouraged to inform the City/County Representative of the request for grant funds.
- **Printed Name** - Clearly print the name of the City/County Representative notified.
- **Title of Representative** - Please provide the title of City/County Representative.
- **Daytime Telephone Number:** Daytime telephone number of the City/County Representative.

Brief Project Description: Please provide a short summary of the overall proposed grant request along with proposed budget, what the request intends to provide to the EMS community and the outcome if the grant is not awarded.

Project/Equipment Sustainability: Please provide a short summary of how your agency intends to sustain/maintain the proposed grant request once funding has diminished from the RSAF after the grant cycle expires.

DON'T FORGET

Validating Applications
There is a menu at the top of each screen that contains a Validate option. When you have completed entering all information, click on Validate (at the top of any screen) … Validate Entire Application. This can also be done from the Application Listing screen.

You can validate each screen as you complete entering the information by clicking on Validate … Current Screen. After all information is complete you still must validate the entire application as described above.
**Note:** Each application <u>must</u> be validated before online submission to the Office of EMS.

Printing Reports
Open the Application Listing screen. On the menu at the top of the screen click on the File option. From the next menu displayed select the Print option. The CGAP software contains two reports, Application Summary and Affirmation Page. You can print a copy of the report for your records. The Affirmation Page must contain the original Authorized Agent, Fiscal Officer and the Operational Medical Director (OMD) signature. The Affirmation Page must accompany your online grant submission before the grant deadline. You must mail in the Affirmation Page prior to the grant cycle deadline to ensure the OEMS Grants Unit receives the information by the close of the grant application deadline.

Creating a Transfer File
To submit information to the Office of EMS you must use the **Transfer to Disk Button** on the Application Listing screen. The following screen will display.
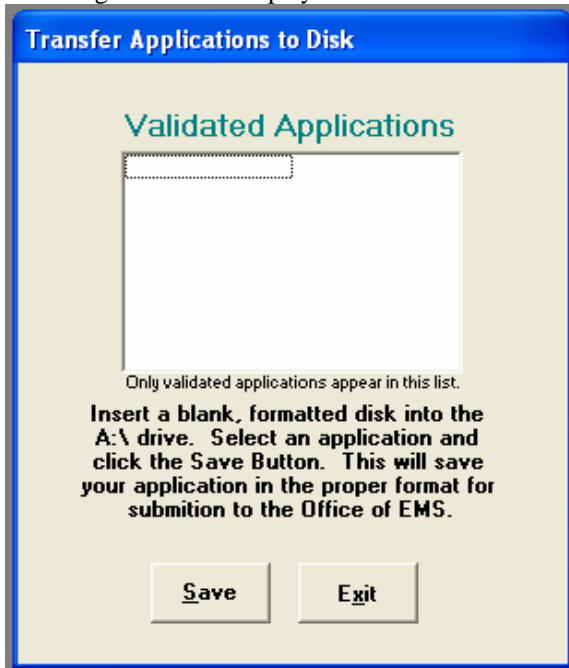
This listing will only display validated applications for the current cycle. The cycle is determined by your computer's system date setting. If your system date setting is incorrect you may not see your application.

Click on (highlight) the application you would like to submit to the Office of EMS. Insert. Click on the **Save Button**, or press ALT + S. The Microsoft Windows "Save As" screen will display. Please leave the default file name (your agency name) as displayed and click on Save. The file to be submitted to the Office of EMS is now stored in the directory path that you have specified. For example: The default path, if not changed will be c:\program files\vdh\cgap.

You must now upload the file (created above) through the Office of EMS Web Page located at www.vdh.virginia.gov/oems. Click on the Grants Program link. From the Grants Program page click on the link that states "Upload Grant Applications." You must enter your agency name and password. If you do not know your password, contact Linwood Pulling at 804-864-7612 or Linwood.Pulling@vdh.virginia.gov within the Office of EMS. Once logged in, follow the directions on the screen.

Note: After you submit your application electronically you <u>must</u> mail the Affirmation Page with the original signatures of the Authorized Agent, Fiscal Officer and Operational Medical Director (OMD) by the grant application deadline.
Our phone numbers are as follows:

(800) 523-6019 (VA only)
(804) 864-7600 (Main Office)
(804) 864-7611 (Amanda Davis, Grants Manager)
(804) 864-7612 (Linwood Pulling, Grants Specialist)
FAX: (804) 864-7580